



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2130

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Florida Youth Leadership, Mentoring and Character Education Program, Inc. is requesting to continue replication of this nationally award winning youth leadership, mentoring and character development program as a statewide pilot program in Leon, Pinellas and Volusia counties. This program promotes self-sufficiency, life skills, character development, childhood obesity prevention, cultural awareness and community service while also establishing community based mentors for high school students in grades 9 through 12.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 500,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>500,000</b> |

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percentage  |
|------------------------------------------------------|----------------|-------------|
| Total State Funds Requested (from question #6)       | 500,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal                                              | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local                                                | 0              | 0%          |
| Other                                                | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>500,000</b> | <b>100%</b> |

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount    |              | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
|                       | Recurring | Nonrecurring |                          |        |
| 2023-24               |           | 250,000      | 86                       | No     |

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

### 12. Details on how the requested state funds will be expended

| Spending Category                                                      | Description                                                                     | Amount         |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------|
| <b>Administrative Costs:</b>                                           |                                                                                 |                |
| Executive Director/Project Head Salary and Benefits                    |                                                                                 | 0              |
| Other Salary and Benefits                                              |                                                                                 | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |                                                                                 | 0              |
| Consultants/Contracted Services/Study                                  | 8% - Accountant and Program Consultants                                         | 40,000         |
| <b>Operational Costs</b>                                               |                                                                                 |                |
| Salary and Benefits                                                    |                                                                                 | 0              |
| Expense/Equipment/Travel/Supplies/Other                                | 50% - Program supplies, materials, travel, printing and statewide collaboration | 250,000        |
| Consultants/Contracted Services/Study                                  | 42% - Contracted Program Services and Events                                    | 210,000        |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |                                                                                 |                |
| Construction/Renovation/Land/Planning Engineering                      |                                                                                 | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |                                                                                 | <b>500,000</b> |

### 13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The FL Youth Leadership, Mentoring and Character Education Program, Inc. is requesting to continue replication of Leon County's Tallahassee Chapter of The Links, Incorporated's nationally award winning youth leadership, mentoring and character education development program as a statewide pilot program in Leon, Pinellas and Volusia counties. This program promotes self-sufficiency, life skills, character development, childhood obesity prevention, cultural awareness and community service while also establishing community based mentors for high school students in grades 9 -12.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Curriculum based instruction sessions, educational and cultural site visits and tours, mentoring sessions and childhood obesity prevention engagement will be provided as intended purpose of funds.

**c. What direct services will be provided to citizens by the appropriation project?**

Educational and life skills instruction, childhood obesity prevention and mentoring support for youth are the direct services that will be provided to citizens.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Target population is economically disadvantaged and at-risk high school students. Between 100 and 150 high school students are expected to be served.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Improved Physical Health through childhood obesity prevention and healthy lifestyles curriculum instruction and engagement in physical movement and exercise at each program session. Improved Mental Health through a life skills curriculum session. Enriched Cultural Experience through cultural presentation sessions, tours and involvement. Improve Quality of Education through high quality leadership and life skills development, cultural and character education curriculum sessions and exposure to the value and benefits of education. Enhanced economic self-sufficiency through exposure to education's impact on quality of life through curriculum sessions and activities. Criminal/Juvenile Justice System Diversion through a legal rights and responsibilities curriculum session, community mentors and coaching and encouragement. Benefits and outcomes will be measured through Attendance rosters, Student Evaluative Surveys, Parent Evaluative Surveys, Student Pre and Post Program Evaluations.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Performance penalties may include reduction in program appropriations commensurate with deliverable(s) not met or a repayment requirement.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**



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b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*